

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, Address, Telephone No.</i> )  <div style="display: flex; justify-content: space-between;"> <span>ATTORNEY FOR (<i>Name</i>):</span> <span>Bar No:</span> </div>	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> JUSTICE CENTER: <input type="checkbox"/> Central <input type="checkbox"/> Harbor <input type="checkbox"/> Lamoreaux <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West STREET ADDRESS: P.O. BOX: CITY AND ZIP CODE:	
PLAINTIFF / PETITIONER:	
DEFENDANT / RESPONDENT:	
<div style="text-align: center;"> <b>DECLARATION OF SERVICE OF LOST SUMMONS</b>  <input type="checkbox"/> Limited Civil   <input type="checkbox"/> Over \$25,000   <input type="checkbox"/> Family Law   <input type="checkbox"/> Probate         </div>	CASE NUMBER:

I, \_\_\_\_\_, am and was, on the date of service over the age of eighteen years and not a party to the above proceeding. I served the Summons in said proceeding, together with the

- ☐ Complaint  
☐ Petition and a blank Confidential Counseling Statement  
☐ Other: \_\_\_\_\_

Date of service was on: \_\_\_\_\_ upon (*name*): \_\_\_\_\_

\_\_\_\_\_, the respondent/defendant in said proceeding, in the following manner:

- ☐ **Personal Service.** By personally delivering copies to the person served. (Section 415.10 of the Code of Civil Procedure) at (*address of delivery*): \_\_\_\_\_  
 \_\_\_\_\_
- ☐ **Mail and Acknowledgment Service.** By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of Notice and Acknowledgment and a return envelope, postage prepaid, addressed to the sender. Attach written acknowledgment receipt. CCP 415.30
- ☐ **Certified or Registered Mail Service.** By mailing copies to the person served to an address outside of California by registered or certified mail. Signed return receipt or other evidence of actual delivery to the person served attached. CCP 415.40

Mailing date: \_\_\_\_\_ Type of mail: \_\_\_\_\_ Place of mailing: \_\_\_\_\_

Address (*to which papers were mailed*): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The Summons was lost subsequent to its service. This declaration is returned in lieu of the Summons.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 TYPE OR PRINT NAME

\_\_\_\_\_  
 SIGNATURE OF DECLARANT

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_